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ABSTRACT

Adolescent substance abuse is a leading problem in schools today. If prevention efforts by schools are to be effective, needs assessment and evaluation must be integral parts of the process. A comprehensive needs assessment of school substance abuse prevention programs in the western United States was conducted to: (1) describe the degree and patterns of adolescent substance abuse; (2) describe local and state prevention programs and activities; (3) identify the technical assistance needs of schools, state agencies, and higher education institutions; and (4) identify barriers to providing regional technical assistance. The assessment revealed that adolescent drug use was a critical problem that has existed for many years, cutting across geographic, cultural, and socioeconomic boundaries and starting as early as the elementary grades. Nearly all schools were involved in prevention and intervention activities although few had a comprehensive program. State agencies had conducted student use surveys, provided dissemination and training, and were involved in fragile partnerships with other state agencies. State coordinators claimed they would welcome a regional technical assistance center. Institutions of higher education generally did not have teacher training programs in substance abuse prevention or intervention, nor did they pursue federal funding for cooperative prevention programs with schools. Concerning evaluation and dissemination, the assessment found that service providers, training opportunities, prevention curricula, and model programs were not fully utilized and most district programs had not been evaluated. The assessment identified several barriers to technical assistance. A reference list is included. (ABL)

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THE Northwest Regional Educational Laboratory

PROGRAM REPORT

ASSESSING THE NEEDS OF DRUG AND ALCOHOL PREVENTION PROGRAMS IN THE WEST

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November 1987

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November 1987

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Introduction

Substance abuse by adolescents is clearly one of the leading problems schools face today. Beyond general recognition that a problem exists, however, educators do not agree on the specific nature of the problem or on the appropriate prevention measures schools should take. Substance abuse in this country has a long history. Sadly, many of the popular intervention and prevention programs have not proved very effective and the problem persists. There simply is no quick fix.

Over the last five years, more and more schools have begun to implement prevention programs to address the problem. With the recent infusion of federal money through the Drug-Free Schools and Communities Act of 1986 and similar programs in certain states, the interest and activity in prevention has skyrocketed.

If these efforts are to be effective, program planning must proceed based on a careful analysis of problem and continuous monitoring of our progress. Needs assessment and evaluation must be an integral part of the process. This paper reports the results of a comprehensive needs assessment of prevention programs in the western states. The purpose of the assessment was to guide the kinds of services that regional laboratories and other agencies provide to help schools fight substance abuse. Specifically, the goals of the assessment were to:

- Describe the degree and patterns of adolescent substance abuse
- Describe local and state prevention programs and activities
- Identify the technical assistance needs of schools, state agencies, and higher education institutions
- Identify barriers to providing regional technical assistance

Methodology

With important decisions hinging on the findings from this project, a strong methodology was used to ensure that the data collection would be reliable and fully representative of the region.

Interview guides. A semi-structured approach was used for key-informant interviews. Critical issues were first identified based upon a model of comprehensive prevention programs and experience gained from technical assistance centers. Then, separate interview guides were developed for state, district, and higher education respondents. During the interview, staff were asked to record answers on a copy of the guide but were encouraged to probe as necessary.

Data collection. The diversity of key people involved in prevention and great differences between states in the region dictated that key-informants be selected from a range of agencies in each western state. Staff conducted face-to-face interviews with each of the coordinators of Drug-Free Schools and Communities Act funds in nine states, as well as representatives from other key state agencies including alcohol and drug programs in health departments, criminal justice departments, and governors' offices. Staff also interviewed, in person, program directors from the 10 largest districts and conducted telephone interviews with a sample of small to moderate sized school districts in each state and of higher education institutions in each state. Interviews were supplemented with a review of state plans and other documents collected during the state visits and from a review of pertinent literature.

Data analysis. These interview protocols and notes from other documents were analyzed using both qualitative and quantitative methods to abstract a list of key findings. The interviewers reviewed findings to ensure that the conclusions accurately reflected the interviews. In the following pages we will highlight these findings organized under adolescent alcohol and drug use, school and community programs, state agencies, higher education institutions, evaluation and dissemination, and barriers to providing technical assistance in the western states.

Adolescent Alcohol and Drug Use

Finding: The use of drugs and alcohol by American youth, particularly in the West, is a critical problem that has persisted for many years.

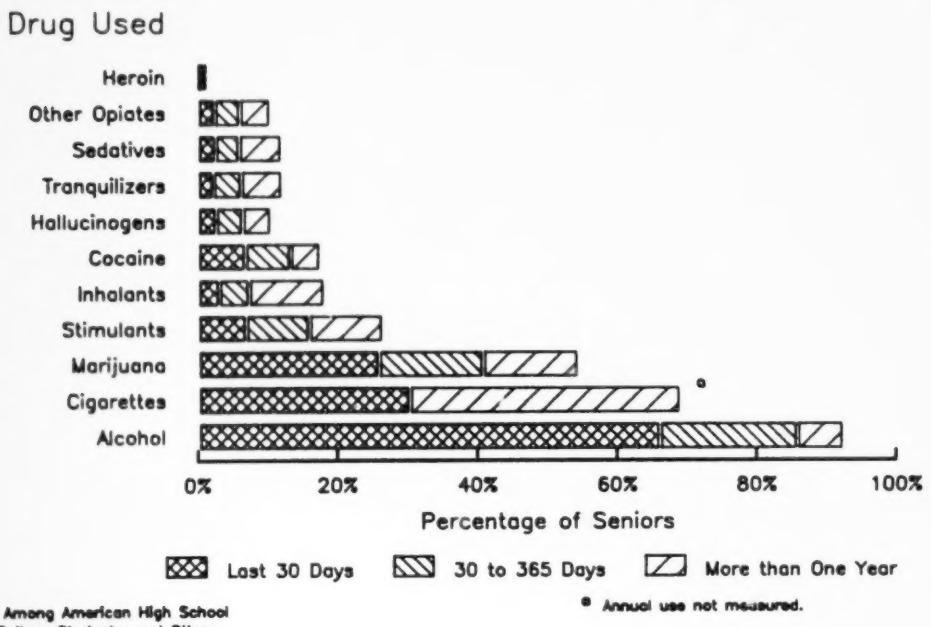
A series of national studies sponsored by the National Institute on Drug Abuse (NIDA) has shown an alarmingly high incidence of alcohol and drug use among adolescents. Researchers from the University of Michigan have administered a drug-use survey to a sample of high school seniors each year since 1975 (Johnston, O'Malley, & Bachman 1986). Responses from the class of 1985 show that nearly two-thirds of all seniors (61%) reported having used marijuana or other illicit drugs at some time during their lives. Virtually all seniors had used alcohol (92%) and two-thirds (66%) had used it in the last month. Figure 1 displays the lifetime, annual, and 30-day usage of 11 categories of drugs.

Since the national surveys began in 1975, adolescent use of drugs and alcohol has gradually increased both nationally and in the West, peaking in the late 70s or early 80s. Drug and alcohol use then declined for several years before leveling off about 1985 as Figure 2 shows, although the pattern for specific drugs has varied somewhat. For example, marked declines in marijuana use have been offset by increases in the use of cocaine since 1978, especially in the West. It is not easy to determine why the overall decline has occurred, but decreasing social tolerance for drug use and increasing prevention efforts have surely played a role. While encouraging, this recent decline was small and adolescent use remains very high.

Substance abuse by adolescents is higher in the West than other regions of the country except the Northeast. Over half (53%) of the high school class of 1985 in western states reported illicit drug use in the past year. Cocaine use was particularly high (20%). Western seniors also reported a high rate of alcohol use (66%) in the past year, but this figure is lower than some other regions.

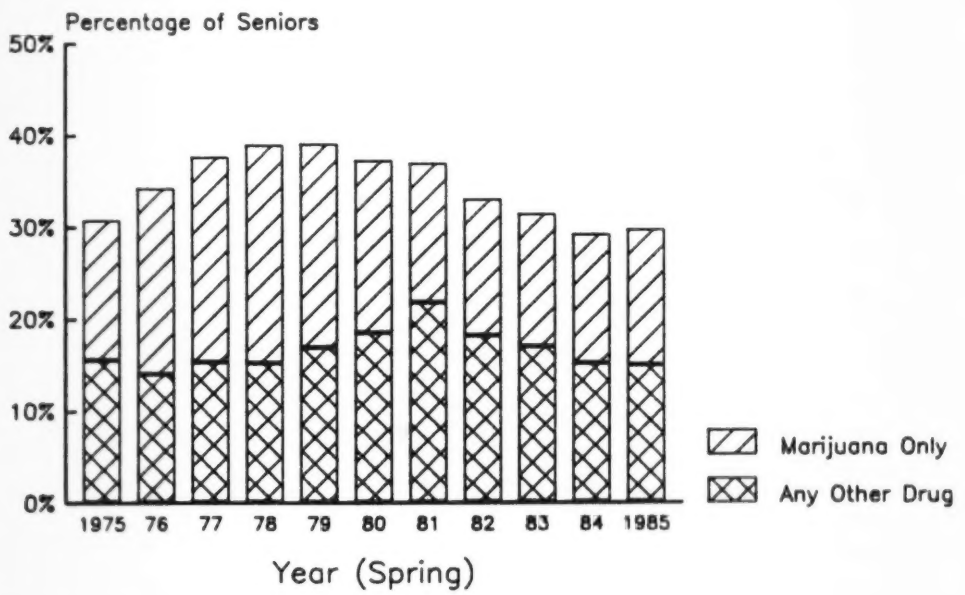
Student use surveys conducted by four western states suggest that the national survey may have even underestimated abuse in the region, though there are important methodological differences among all the studies. Oregon high school juniors reported higher use of many drugs than reported by western seniors in national studies (Egan 1985). Alaska students reported particularly high levels of alcohol and marijuana use (Segal, McKelvy, Bowman, & Mala 1983). Hawaii residents of all ages reported less alcohol and tobacco use than the mainland but more use of cocaine, hallucinogens, and heroin (Hawaii Department of Health, undated). In California, 11th-grade students consistently reported higher use of alcohol, marijuana, and most drugs, during the last six months, than seniors reported for the last year in the national surveys (Skager, Fisher, & Maddahian 1986).

Figure 1. Prevalence and recency of drug use by the senior class of 85.



"Drug Use Among American High School Students, College Students, and Other Young Adults", U. S. Dept. of HHS, 1986

Figure 2. Trends in drug use by seniors in the previous 30 days.



"Drug Use Among American High School Students, College Students, and Other young Adults", U. S. Dept. of HHS, 1986

Finding: Adolescent use of alcohol and drugs is a problem that cuts across geographic, cultural, and socioeconomic boundaries.

Drug use is not a problem endemic to the urban poor. It affects all parts of the region; all social, economic, and ethnic groups. For example, there is now little difference nationally in alcohol use between large metropolitan areas and non-metropolitan areas, with a decline in drinking noted in large cities over recent years. While there is more use of illicit drugs in large cities (50% of seniors) compared to nonmetropolitan areas (43%), this gap has also narrowed in recent years. State studies from Alaska, California, and Oregon seem to confirm these findings.

At a more local level, however, state and district surveys show considerable variation in the degree and pattern of abuse. Some of the factors that are associated with these variations include:

- **Greater access to certain drugs in urban areas**--In Oregon, for example, the rural eastern region showed the highest use of alcohol, tobacco, and inhalants among 11th graders. Within the city limits of Portland, though, cocaine and amphetamine use was the highest in the state.

- **Laws and enforcement**--State law in Alaska allows small quantities of marijuana for personal use and sets the legal drinking age at 18. Many rural villages, however, have imposed local prohibition. About 70 percent of the class of 1983 reported using marijuana compared to 57 percent nationally.

- **Local production or distribution**--Secluded parts of Hawaii, southern Oregon, and northern California are known to harbor major growers of marijuana. Border towns in states such as California, Montana, and Washington find themselves on smuggling routes, resulting in high crime rates and increased usage.

- **Sociocultural influences**--Many western communities display a strong acceptance of drinking and smoking, even by adolescents. The author of a proposal for Drug-Free Act funds from a rural Montana district noted that his community had a reputation as a "hard drinking town," making it difficult to build community support for the alcohol component of a prevention program.

State and local needs assessments can dispel misconceptions about the extent and patterns of substance abuse and must be used to guide program planning.

Finding: Abuse starts with "gateway drugs" as early as the elementary grades and expands to illicit drugs by the end of high school.

Experimentation with most illicit drugs occurs during high school. However, for the so-called "gateway" drugs--marijuana, alcohohol, and cigarettes--most users start before high school. For example, about 60 percent of the seniors who have tried alcohol report having started by the ninth grade. More than half of the inhalant, PCP, and barbiturate users start before high school.

These reports by seniors, however, likely overestimate the age of first use. One reason for this is that many early users drop out of school before their senior year. In at least two surveys that NWREL has conducted in urban districts, sixth graders report higher use than surveys of seniors would predict. About 40 percent of the sixth graders have used beer or wine, nearly a third have used marijuana, and over a quarter have used inhalants (Neill-Carlton & Hansen 1985). In California, 40 percent of seventh graders statewide reported using wine or beer in the last month, and 10 percent used marijuana (Skager et al. 1986).

There is also evidence that pressure to use alcohol and drugs starts earlier than previously thought. California seventh graders admit that school is the primary setting for the distribution and sale of drugs. A Weekly Reader survey of its readers found that half of the sixth graders (51%) feel peer pressure to use alcohol and a third (34%) feel pressure to use marijuana (Weekly Reader, 1987). Students who use drugs or alcohol responded that the main reason they do is to "fit in."

These findings suggest that prevention efforts must start before high school, even middle school may be too late.

Finding: Drug and alcohol use is both a symptom and a cause of other teen problems.

Ample evidence exists that adolescent abuse of alcohol and drugs is both a symptom of other personal or family health problems and a cause of further problems. Researchers at the University of Washington, for example, have identified risk factors associated with substance abuse (Hawkins, Lishner, Jenson, & Catalano 1986). These factors include a family history of alcoholism or drug use, family management problems, academic failure, antisocial or delinquent behavior, and substance abuse by friends. Other problems like teen pregnancies and teen suicides are associated with similar risk factors. While causal relationships are difficult to determine, identifying these factors can help target high-risk student populations and can suggest approaches for experimental prevention efforts.

These relationships have prompted some educators to adopt broader prevention strategies. Many of the states annually sponsor health promotion conferences. Several western states have passed legislative initiatives to deal more generally with the problems of students at risk. The Oregon Department of Education is implementing a Student Retention Initiative to reduce school dropouts. In Wyoming, department staff assignments are being redefined around specific problems of at-risk youth, including substance abuse. In the Pacific, the territories will be working cooperatively with NWREL staff on a health promotion curriculum that reflects both the native and non-native cultures.

Finding: The public now views drug use as the most important problem facing public schools.

The 1986 Gallup poll of attitudes toward education revealed that, for the first time, the public viewed drug use as the most important problem in education (28%). Respondents from western states were in close agreement (27%). This represents a major increase over previous years and suggests that public education campaigns have had a significant impact on public awareness. In addition, 9 in 10 of the respondents favor mandatory instruction on the dangers of drug use. They also indicated strong support for various intervention and enforcement strategies, with the exception of testing students for drug use. The public is more ready than ever to support school efforts to fight the adolescent drug problem.

On closer inspection, however, the Gallup results also reveal areas that require more public education. First, only 5 percent of the respondents viewed drinking or alcoholism as a major problem. Yet, alcohol use by seniors actually far exceeds the use of marijuana and other drugs and is considered by some to be more dangerous, largely because of frequent abuse by young drivers. Second, parents are much more likely to view drugs as a problem in schools other than the one their children attend, thus denying that the problem is a local one. This underscores the importance of parent groups such as Mothers Against Drunk Driving (MADD) to help change public perceptions.

School and Community Programs

The West is a land of contrasts. Small, rural towns with limited resources lie scattered over huge geographic areas. Large metropolitan population centers exist along the coast and at inland transportation hubs. Immigration to coastal cities or agricultural centers and to the traditional homes of Native American peoples have created diverse ethnic populations in certain areas.

Table 1 shows the number of districts and students by state. California has more students than the other states combined, but many states have large numbers of small districts. The table also displays the number of large districts, rural districts, and districts that are culturally diverse.

Table 1.--Number of Public School Students and Districts by State

State	Total Students	Total Districts	Distr with >10,000 Enrollment	Distr with >75% Rural Residents	Distr with <80% White Enrollment
Alaska	86,888	52	2	42	33
California	5,405,876	1,026	139	439	272
Hawaii	463,880	7	na	na	na
Idaho	199,812	115	3	80	1
Montana	315,508	554	5	488	421
Nevada	147,055	17	2	7	1
Oregon	530,095	312	8	221	3
Washington	769,083	299	19	199	18
Wyoming	94,465	49	2	26	3
Pacific1	80,495	4	na	na	na

Source: 1980 Census Tape
[1]NCES 1983 figures for American Samoa, Guam, Northern Marianas, and Trust Territories only.

Very little information is collected on current school and community programs across the states. Districts that have been trained by federally funded regional centers report on their team training activities to a national database center. State offices funding local substance abuse programs collect some information on those programs or on the clients served. The Alaska and Wyoming state education agencies have conducted phone interviews with all their districts. The district applications for Drug-Free Act funds in each state typically provide brief program descriptions that could be summarized.

To describe school and community programs more fully for this needs assessment, interviewers contacted the largest districts in each state, selected districts described as having good programs, and a sample of other districts to include rural, private, and cooperative

settings. In all, 67 districts were interviewed directly, ranging in enrollment from 400 to 500,000. In addition, a sample of district Drug-Free Act applications was reviewed.

Finding: Nearly all districts are now involved in some prevention and intervention activities.

The interviews revealed that most districts are able to identify components of a substance abuse program such as having some part of their curriculum devoted to substance abuse. There appears to have been a flurry of activity in the last couple years since most programs are relatively young or are just emerging.

It is important to note that many programs evolved through the dedicated efforts of an individual or small group, particularly in small districts. These districts may lack the staffing and administrative structure to promote institutionalization of their programs.

By far the most common prevention activity in place across all the western states is use of the "Here's Looking at You II" and "Here's Looking at You 2000" curricula. In the interviews, about 40 percent of the districts reported using them, with the greatest concentration in Alaska, Washington, Oregon, and Idaho. In Alaska, 79 percent of all districts report using these curricula in at least some grades.

Despite the popularity of "Here's Looking at You," many users report looking for alternatives, citing boredom by high school or junior high students, the intensity of teacher training needed to maintain the program, the high cost of purchasing or upgrading kits, and the inappropriateness of many activities for other cultures. Other curricula frequently mentioned include:

"DARE"--A K-6 curriculum developed by the Los Angeles Unified School District in cooperation with the Los Angeles Police Department

"Quest"--A 5-9 curriculum promoted by the Lion's Club

"Positive Action"--A K-6 affective curriculum from Twin Falls, ID

"SMART"--A K-6 curriculum developed at the University of Southern California

Less frequently mentioned were "Children Are People," "Innerchoice," "Life Decisions," "Life Skills," "McGruff," "Me-ology," "School Health Curriculum Project," "STAR," "Well & Good," and locally developed curricula. Even if a formal curriculum was not in place, nearly every district was able to point to some course content embedded in health, social science, science, or driver education courses.

Even in districts where no special curriculum was being used, a number of other prevention strategies were reported. Just Say No Clubs, Students Against Drunk Driving (SADD), and teen institutes were cited as ways to encourage positive peer pressure to reduce rather than increase student use. Friday Night Live and sports programs were cited as ways to

provide alternative activities for students. Guest speakers providing a motivational message or role model (e.g., "PROS FOR KIDS" which uses professional athletes) were also very popular.

An important component of many programs was some formal student assistance program that provides for early intervention, assessments and referrals for treatment, and aftercare. In Alaska, for example, 25 percent of the districts have implemented some kind of counseling or intervention program. Specific programs include:

CARE--A student assistance program from Great Falls, MT

IMPACT--A team training program from Care Unit

INSITE--Training in identification and referral

Magic Circle--A K-6 pull-out program

Natural Helpers--A peer counseling program

PAL--A peer program from Orange County, CA

Primary Intervention Program--An intervention program for primary grades

Core teams--A term adopted by various school team training programs including the Western Regional Training Center from Oakland and Community Intervention from Minneapolis

Training school staff to identify and refer high-risk students was the basis for most of these programs. Drug counseling, peer counseling, and school support groups were also frequent components.

About two-thirds of the districts we contacted reported having substance abuse policies in place. Careful probing by our interviewers, however, revealed wide differences of opinion about what constituted a strong alcohol and drug policy.

Only a third of the districts we contacted have completed a student drug use survey. However, this is probably an overestimate due to the number of large districts in our interview sample; large districts tend to have more resources to conduct surveys. Suspensions, juvenile court records, enforcement statistics and other data were frequently mentioned as alternatives to student surveys. Elementary districts, in particular, did not see a need for a needs assessment. Since national and statewide surveys show a high incidence of abuse even among sixth graders, this denial of the problem warrants concern.

Districts reported very few program evaluations. It seems that substance abuse programs are seldom evaluated unless there is a formal evaluation requirement attached to state or federal funding. The evaluations typically consisted of pre/post comparisons of student use survey results or other indicators. Other more formative evaluations focused on program improvement and implementation (Deck & Neill-Carlton 1986).

Although most states had not yet received district applications for Drug-Free Act funds, early returns in two states and the interviews suggested that the number applying might be

rather low. Wyoming was an exception, reporting that all but four districts are participating, due to technical assistance offered by state agency staff. Districts that have applied, proposed a range of uses of the money. Purchasing or upgrading curriculum (for example, upgrading to "Here's Looking at You 2000") and supporting staff training were most frequently mentioned.

Finding: Very few districts have implemented a comprehensive program.

Despite the high level of prevention activity across the states, few of the districts interviewed have implemented truly comprehensive programs. Our interviewers found, for example, that a district with a strong student assistance program might not have a fully implemented prevention curriculum. Some specific deficiencies were:

- Student use surveys are not conducted on regular cycles and, if conducted, are methodologically weak.
- School policies tend to ignore the difficult issues, and enforcement is uneven.
- Few of the available curriculum used alone provide a K-12 sequence of age appropriate, research-based activities or present a balance of information, decision-making, self-esteem, and refusal skills.
- Relatively few districts have formal student assistance programs for early identification and referral of high-risk students.
- Ongoing teacher training programs to maintain use of curriculum and school teams are lacking.
- Coordination and cooperation with parent groups, health services, law enforcement, and other agencies may exist only on paper.
- Good models for achieving comprehensive programs in small, rural districts have not been disseminated.
- Program evaluations to guide program improvement and to determine what works are critically needed.

These limitations of existing programs do not just reflect a lack of resources in small districts; even the largest districts in the sample lacked several components.

Finding: Local technical assistance needs depend upon the stage of program implementation, available resources, and demographic composition.

Districts we contacted identified a wide range of technical assistance needs. Teacher training headed the list, including awareness training, training in specific curricula, and training in identification and referral. Information on curricula and model programs was a close second.

In addition to general needs expressed, districts identified other needs associated with unique local circumstances. The major factors determining these needs were the stage of implementation of the overall prevention program, the size and rurality of the district, and the degree to which the district had a mix of cultures or a predominantly nonwhite culture.

Districts with well-established programs were concerned with training of trainers, identifying strategies for working with parents or with special populations like the very young, and conducting useful program evaluations. Districts in the early stages of planning programs were more concerned with surveying student use, visiting exemplary programs, selecting or developing effective curriculum, and identifying resources.

Small, rural disticts have limited resources available in the community and limited funds for adopting effective programs. Few of these districts completed Drug-Free Act proposals since the funds available, often less than $1,000, would not even support completing the proposal. Only where a county or intermediate educational agency organized a consortium or a committed individual started a program, have these districts been able to participate. The largest urban districts in our sample had a rich resource of community and school agencies or organizations to draw upon, but they faced the challenging task of coordinating diffuse efforts by largely autonomous schools.

Throughout the needs assessment, districts with an ethnic mix or predominantly nonwhite population described unique needs. Information on curriculum appropriate for Alaska native, Native American, Hispanic, Pacific Island, or Southeast Asian cultures is urgently needed. Parent materials in Spanish and Southeast Asian languages were in demand. In the Pacific, students are ashamed to discuss feelings and refuse to participate in role playing, activities common in affective curricula. Some rural districts alluded to a "western" culture in which alcohol and tobacco use is an integral part of life, even for adolescents, and is not considered a problem.

State Agencies

Partly due to the influence of the Drug-Free Act and other federal programs, state agencies are now playing a larger role in the attack on adolescent drug abuse. Many state departments of health and human services annually distribute state and federal dollars for drug

Table 2.--Primary State Contacts and Agencies

State	Contact	State Agency
AK	Helen Mehrkens	Department of Education
	Paul Goodwin	
	Matt Felix	State Office of Alcohol and Drug Abuse
CA	Bob Ryan	State Department of Education
	Queen Esther Watson	Division of Drug Programs
	Michael Cunningham	Division of Alcohol Programs
	Kathy Jett	Office of the Attorney General
	Patrice O'Ran	Office of Criminal Justice Planning
ID	Shannon Page	Department of Education
	Jane Smith	Bureau of Social Services
HI	Herman Aizawa	Department of Education
	Mildred Higashi	
	John McCarty	Bureau of Alcohol and Drugs
	Jean Fujimoto	Office of Criminal Justice
MT	Judith Johnson	Office of Public Instruction
	Michael Lavin	Montana Board of Crime Control
NV	Patricia Boyd	Department of Education
	Ruth Lewis	Bureau of Alcohol and Drug Programs
	Tom Tait	Office of Narcotics Control
	Dennis Baughman	Office of the Governor
OR	Jerry Fuller	Department of Education
	Len Tritsh	
	Jeffrey Kushner	Office of Alcohol and Drug Abuse Programs
WA	Jeffrey Carpenter	Office of Superintendent of Public Instruction
	Paul Templin	Bureau of Alcohol and Drug Abuse
WY	Richard Grannum	Department of Education
	Jean DeFratis	Division of Community Programs
Pacific	Cathy Busick	Center for the Advancement of Pacific Education
	Aliska Andrike	Marshall Islands

abuse programs, though traditionally the emphasis has been on treatment for adults. Judicial and law enforcement departments have been active in attacking the problem of drug supply and traffic safety. More recently, state education agencies have begun to expand their role and, in many states, the governor's office has stimulated far greater interagency coordination and cooperation. Table 2 lists the primary agencies and our contacts in the interviews.

Finding: States have conducted student use surveys but have not assessed district or community programs.

A good planning model moves from needs assessment to planning to implementation. The western states are in various stages of conducting needs assessment, establishing planning or coordinating committees, and developing policies. As Table 3 shows, most states in the region have conducted or plan to conduct a student alchohol and drug use survey. Only three states, however, have conducted surveys to determine the nature and extent of district programs. Both types of data should comprise the foundation for developing policies and planning programs at the state level.

Table 3.--State Needs Assessment Activities

State	Student Use Survey	Other Needs Assessment
Alaska	1983	1987 District Phone Survey
California	1986	
Idaho		1987 District Survey (in process)
Hawaii	1987 (in process)	
Montana		Enforcement Statistics
Nevada	Planned 1987-88	
Oregon	1985	
Washington		1986 Staff Training Survey
Wyoming	Planned 1987-88	1987 District Phone Survey

Finding: The emerging partnerships among state agencies are having an impact, but they are fragile.

Virtually every state has some type of drug policy board, governor's commission, or task force. Since most of these committees have been established only recently due to the Drug-Free Act or Anti-Drug Abuse Act, it is too early to determine what changes in policies or programs will result. Some interesting highlights, however, should be noted.

- California Attorney General Van de Kamp's Commission on the Prevention of Drug and Alcohol Abuse released a far reaching set of interagency recommendations last year (Van de Kamp 1986). A number of the recommendations are being implemented this year, such as a workshop promoting school and district coordination. A series of bills have been introduced into the state legislature including a multimillion dollar fund for local programs, a K-12 curriculum mandate, and a statewide substance abuse resource center.

- The State of Idaho has established a Statewide Interagency Coordinating Council (SWICC) and Regional Interagency Coordinating Councils (RICCs) to ensure ongoing communication and cooperation among agencies at both the state and regional levels.

- Oregon's Student Retention Initiative involves interagency collaboration at both the state and local levels. Districts are encouraged to include Drug-Free Act money as well as other federal and state funds in their action plans.

- Wyoming has made a commitment to a statewide at-risk youth initiative. Education staff assignments are being reorganized around specific problems of at-risk youth, including drug and alcohol abuse.

There will be major differences in the outcomes of these efforts for each state. Pending legislation in California will introduce some strong prevention measures if the bills survive. The more rural western states are fiercely independent and prefer to take a less regulatory stance. The Wyoming Department of Education, for example, averted legislation to mandate a K-12 curriculum by conducting a phone survey that revealed a high percentage of districts had implemented some curriculum already, and by obtaining acceptable proposals for Drug-Free Act funds from all but four districts. Despite some early signs of productive collaborations, these emerging partnerships among agencies are somewhat fragile. State education agency staff assigned to coordinate prevention activities are typically health education specialists with many other duties. Although the largest portion of Drug-Free Act funds will be distributed by state education agencies, other departments have had other major sources of federal and state funds. Departments of health tend to have several full-time staff, often trained in intervention and treatment methods. Criminal justice and traffic safety departments have funded programs and bring yet another perspective and set of expectations to the dialogue. Three factors seem to determine how smoothly these interagency collaborations work: strong leadership from each governor's office, agreement about appropriate approaches to prevention, and compatible personalities.

Finding: Collectively, state agencies provide considerable dissemination and training.

Throughout the region, states have taken a supportive role in nurturing local prevention programs through funding, training, and dissemination. The primary activities include resource guides, resource centers, substance abuse or health promotion conferences, and teacher training. The extent of the effort has depended upon available federal or state funds, degree of commitment to prevention, and agency resources. Table 4 lists resource and training activities by states agencies.

In at least three states--Alaska, California, and Oregon--health officials have made a major commitment to adolescent prevention. These state departments of health fund teacher training and local program development.

Finding: State coordinators would welcome coordination and a wider range of services from a regional Technical Assistance Center.

State coordinators listed training assistance as an important role that a regional technical assistance center should play. The nature of the training, however, would depend on state needs. Wyoming requested training for department of education staff and for inclusion of county health staff in district training. Montana suggested teleconferencing as a way to reach rural districts. Oregon and Washington commented that awareness training was not needed in their states. Nevada and Alaska suggested that priority be given to services to rural districts.

State coordinators felt a strong need to develop a network with other states to share information. Networking was mentioned at least as often as training district staff. State coordinators repeatedly mentioned that services delivered by a regional center within their state should be coordinated through the state agencies. Although interagency collaboration has increased, coordination across agencies within some states was still a concern.

Although many states have resource guides or resource centers, resource needs were mentioned in nearly every state. Many requested a clearinghouse for information, particularly one that would serve as a lending library or publish updates on new research and models. A speaker's bureau, a resource guide, descriptions of and site visits to model programs, issue papers, and descriptions of comprehensive programs were all mentioned. Interestingly, nearly all of these suggestions included an evaluation component. The speakers should be screened. The effectiveness of the curriculum should be demonstrated.

Table 4.--Resource and Training Activities by State Agencies

State	Activities
Alaska	Funds center to train teachers in four curriculum Funds resource center Funds community and district programs Sponsors substance abuse conference
California	Operates health education resource center Preparing a resource guide Planning a substance abuse resource center Funds School-Community Primary Prevention Program Funds Interagency School Safety programs, conferences Conducts Teenwork teen institute Funds Suppression of Drug Abuse school programs Funds PROS FOR KIDS program Provides Challenge school/community team training Developing a Comprehensive Prevention Curriculum Conducts annual Ft. Bragg health promotion conference Conducts prevention conference
Idaho	Preparing a resource directory
Hawaii	Planning substance abuse conference in the fall Trains McGruff Crime Prevention program
Montana	Developed planning and resource guide Sponsored Sports Drug Awareness Program Maintains film and video library
Nevada	Funded development of health curriculum Reviewed and recommends seven curricula Developed crime prevention curriculum
Oregon	Conducts annual Seaside Health Promotion Conference Developed a resource guide Funds county prevention programs Developed a prevention curriculum Promoting higher education programs Planning a Prevention Resource Center Planning a teen institute
Washington	Funds teacher training in selected curricula Planning high-risk youth initiative Funds county prevention projects and planning
Wyoming	Conducts prevention conference Developing a curriculum resource guide
Pacific	Planning to develop a health curriculum

Institutions of Higher Education

Universities play an important role in the national prevention effort. Researchers have contributed greatly to the knowledge of the nature of adolescent substance abuse and the effectiveness of programs or approaches. A number of model programs have evolved from collaborations between universities and school districts. Schools of education serve the primary role in preservice and inservice of teachers. There are 248 four-year institutions in the western region, of which 158 are in California.

To determine what prevention role universities in the region currently fulfill, and which institutions will be competing for grants under the Drug-Free Act, phone interviews were conducted with a sample of institutions from each state. The interviews were directed to the dean of education or other designated staff. In addition, Drug-Free Act contacts in state education agencies were asked for names of institutions that had contacted them.

Finding: Few higher education institutions have or plan to implement teacher training programs in drug and alcohol prevention or intervention.

Expertise and course offerings on substance abuse may be distributed across many departments on campus. At San Diego State, for example, 12 courses on substance abuse and relevant parts of 14 others are offered collectively by the Departments of Teacher Education, Counselor Education, Health Sciences, Psychology, Sociology, Social Work, Continuing Education, Mexican American Studies, and Nursing.

While many higher education institutions in the region offer courses in substance abuse somewhere on campus, few schools of education currently provide preservice or inservice instruction on substance abuse prevention. When training is offered, it is usually embedded in health education courses or offered during the summer. The dean of education for one institution frankly explained their situation: They do not have the resources to add any courses until the state changes teacher certification requirements.

At the same time, there were many signs that excellent opportunities exist to work with higher education. Among the institutions in the California State University system, there has been considerable interest in funding opportunities created by the Drug-Free Act. In Oregon, nearly every higher education institution attended a state conference last summer on drug abuse. The state is now working with one institution to expand a refusal skill curriculum and to offer courses for teachers. Montana requires some coursework on substance abuse for teacher certification and all the universities contacted there offer courses.

Finding: Few institutions in the region are actively pursuing federal funding for prevention activities like cooperative prevention programs with school districts.

The Drug-Free Act earmarks money for cooperative programs between school districts and universities. Despite these funding opportunities, most institutions contacted reported little or no effort to apply for federal grants. Institutions gave two primary reasons for not participating; either they did not know about the program, or they did not receive the Request For Proposal far enough in advance. Some did not feel that enough money was available.

A few institutions--the University of Washington and some California universities--appear to be exceptions to this pattern. These institutions more closely monitor the federal funding opportunities and seem to have more resources to draw on than other universities in the region.

Evaluation and Dissemination

Finding: The rich array of service providers, training opportunities, prevention curricula, and model programs in the region are not fully utilized.

Throughout the region, private consultants, organizations, district program coordinators, and county health staff are available to train or consult on substance abuse topics. Yet, the names of only a relatively small set of providers were mentioned in each area of the region. The same is true of curricula and model programs. In Montana, the Great Falls CARE program and Community Intervention from Minneapolis were most often mentioned. In Nevada, the Lion's Club is strong and Quest training was widely used. At conferences in the Northwest states, Roberts, Fitzmahon, and Associates staff were usually represented.

The needs assessment suggested three factors affecting utilization: awareness, evaluation, and access. Districts first need to be made aware of a wider range of possible service providers, specific services provided, curricula, and programs. Second, there must be a process for evaluating the quality and appropriateness of the services provided. Finally, there must be new means of access to services facilitated by state or regional agencies. For example, model programs can only support a limited number of visits by interested districts so the visits should be coordinated.

Finding: Most district programs have not been evaluated.

A review of efforts to control adolescent drug abuse conducted by the Rand Corporation (Polich, Ellickson, Reuter, & Kahan 1984) concluded that while information and affective approaches to prevention have not proven very effective, new prevention programs offer the greatest hope and should be tested. If the current infusion of funds for school and community programs is to be used wisely, evaluation is vitally needed to help determine: (1) whether programs have been fully implemented, (2) how programs can be improved, and (3) which programs are effective under which circumstances. In our interviews, less than a quarter of the districts reported any form of evaluation.

There have been some good individual efforts. Promising evaluation results from smoking prevention programs stimulated much of the current interest in refusal skills training (Botvin and Eng 1982). Ongoing evaluation of the SMART program has resulted in several revisions. As noted above, some districts reported problems implementing the popular "Here's Looking at You" curriculum.

States also have an interest in the accountability of local programs. Those states funding alcohol and drug programs have generally imposed a reporting system or evaluation requirements on participating districts. In general, however, the evaluations have been rather limited in scope and there have been no attempts to develop uniform statewide reporting

systems.

Barriers to Technical Assistance

Finding: Service delivery must be efficient to cover a vast, sparsely populated region.

Even excluding the Pacific, the western region covers a geographic area much larger than any other. Alaska, one-fifth the size of the contiguous 48 states, lies 2,000 miles from Portland. The Pacific Islands stretch over an area larger than the contiguous 48 states.

Traditionally, small and rural disticts are passed over in technical assistance efforts because of the high cost of staff time and travel for the number of clients served. As Table 1 clearly shows, however, such districts comprise a significant portion of the western region.

Creative use of alternative delivery strategies, including teleconferencing and training of trainers, was identified as a need. In Montana, for example, a videoconferencing network exists with 42 receiving stations located throughout the state. Live training conferences can be transmitted from cities with production facilities and a compatible satellite transmitter.

Finding: Some educators continue to deny that an abuse problem exists or that prevention must start at an early age.

While awareness of adolescent drug and alcohol abuse is higher than ever before, many educators still deny that the problem in their own school is serious. The elementary districts in our interview sample, in particular, did not perceive an abuse problem and were not planning prevention activities. Parents recognize that drug abuse is a problem, but deny that it affects the school their children attend. They also discount that alcohol abuse is a serious problem.

Finding: Services must reflect the wide variation districts in their stage of implementing a comprehensive program and the availability of local resources.

Although the interviews revealed common themes in technical assistance needs, they also highlighted significant variations on these themes. While a rural district might need a motivational team training experience to initiate a student assistance program, another district might need good public domain materials and local trainers to maintain such a program. One requires a basic training effort, the other requires materials production and training of trainers. While many districts are ready to train school teams or show teachers how to teach refusal skills,

a considerable number should be conducting a needs assessment to identify problems, planning strategies to address those needs, or selecting a curriculum. This variation has important consequences for the breadth of staff capabilities and services offered.

While Alaska has long received funds from many sources for prevention and treatment, Hawaii provides no third-party payment for adolescent treatment, and Montana views the Drug-Free Act as the first infusion of funds for school and community programs. Rural districts do not have the rich array of community, health, and training resources to draw upon. Large districts, at least in our region, tend to have loosely coordinated programs with much local school control and consequent diversity.

Finding: Services must be adapted to reflect the unique culture and ethnicity of many communities.

As Table 5 shows, the western region is ethnically diverse. The language and culture of these groups may differ from the language and culture for which most substance abuse materials were written. Throughout the interviews, state and district staff reiterated the need for materials and strategies appropriate for the local cultures or subcultures.

Table 5.--Percent of Public School Enrollment by State and Ethnic Group

State	Total Enrollment	White	Black	Hispanic	Pacific Islander	Asian/ Native American
Alaska	86,888	72.%	4.%	2.%	2.%	21.%
California	5,405,876	57	10	25	7	1
Hawaii	463,880	25	1	2	71	0
Idaho	199,812	92	1	5	1	2
Montana	315,508	88	0	1	1	10
Nevada	147,055	81	10	5	2	2
Oregon	530,095	92	2	3	2	2
Washington	769,083	86	3	4	4	3
Wyoming	94,465	93	1	5	0	1

Source: 1985-86 NCES Digest of Education Statistics
NOTE - Percents do not add to 100 due to rounding.

Service providers should be highly knowledgeable about the culture of the clients they serve. Familial and peer relationships must be taken into account in selecting the way assistance will be provided or in designing program activities. For example, sex role differentiation

among Alaska native and Pacific Island cultures has implications for the sex of presenters. In the Pacific, the importance of extended families suggests alternatives to peer counseling. Parent materials in English are not effective if English is not the first language of most of the parents.

Finding: Encouraging cooperation among agencies will be difficult, especially at the state level.

There are many players in a well-coordinated prevention effort, each from a different setting with different priorities and objectives. Both the state and district interviews showed that common philosophies and common objectives were necessary for the collaborations to work.

For example, the Los Angeles School District has had a successful partnership with the Los Angeles Police Department in implementing the DARE program. Problems in working with other police departments in schools lying outside of the LAPD district prompted the district to substitute the SMART program in those schools.

At the state level, educators do not seem to be treated as equals in prevention efforts. In at least one state, health department officials refused to allow the state education agency to co-sponsor a prevention conference for school districts. In another, an education official stated flatly that the state health agency would "not get any of our money."

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- Providing technical assistance in educational problem solving
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- Providing training in educational planning, management, evaluation and instruction
- Serving as an information resource on effective educational programs and processes including networking among educational agencies, institutions and individuals in the region

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